



How to Contract with IMG



Dear Producer:

Thank you for your interest in contracting with IMG. Simply follow the instructions below to get started.

- On the IMG homepage, www.imglobal.com, click on the “IMG Producer Login” link at the top of the page.



- In the New Producer Contracting section, click the “New Producer Contracting” link.



- Enter your Primary Email address (and confirm it) as well as the Captcha Code in order to start the process. Then, press the “Next” button.

Sample



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■ Select one of the following, then click “Next.”

Account Place of Business Producer Information Confirmation

- ☒ I'm an insurance professional located within the U.S.
- ☐ My primary place of business is located outside the U.S.

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■ Complete the following fields.

Account Place of Business Producer Information Confirmation

State Licensed *

License Number *

Contract Name *

Contact Person First/Last Name *

Address *

Address 2

City *

State *

Postal Code *

Country of Residence/Place of Business *

Telephone Number *

Fax Number

Website

Sample

Account Place of Business Producer Information Confirmation

State Licensed *

License Number *

Contract Name *

Contact Person First/Last Name *

Address *

Address 2

City *

State *

Postal Code *

Country of Residence/Place of Business *

Telephone Number *

Fax Number

Website

■ Choose the “Type of Producer” and then enter the “Tax ID Number.”

Type of Producer

- ☐ Individual
- ☐ Proprietorship
- ☐ Corporation
- ☐ Limited Partnership
- ☐ General Partnership
- ☐ Limited Liability Company
- ☐ Other

Based on the previous selection, the following information is required:

For Tax Reporting Purposes, use the following:

- ☐ Federal Employer Tax ID
- ☐ Social Security Number

Tax ID Number *

Sample

For Tax Reporting Purposes, use the following:

- ☐ Federal Employer Tax ID
- ☒ Social Security Number

Social Security Number *



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■ Review the Compensation Schedule.

COMPENSATION SCHEDULE - AGENT PRODUCER, INDIVIDUAL INSURANCE PRODUCTS		
Commissions and renewal commissions equal to the percentages shown shall apply to premiums received on Certificates placed in force under this Producer Agreement (Agent) during the effectiveness of this Schedule, excluding applicable taxes, if any. Commissions and renewal commissions, bonuses or other compensation which IMG pays directly to Sub-Producers or their executors, administrators, surviving spouses, or estates.		
	Commission (%) Certificate Year 1	Renewal commissions (%) Certificate Years 2 plus
Patriot Series	10	N/A
Global Series	15	5
GEO / GEM	6 (Dental 4%)	6 (Dental 4%)

Monthly Commissions are calculated using the following formula:

Monthly Gross Premium	-	Applicable Surplus Lines Taxes	x	Commission Percentage	=	Gross Commission
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■ Read the Agreement and check the appropriate boxes. Enter any comments you may have as well as an e-signature. Create a password for your account, confirm it and then click "Next."

This Producer Agreement (this "Agreement") is made between International Medical Group®, Inc., with administrative offices at 2960 North Meridian Street, Indianapolis, Indiana 46208 ("IMG®"), and the party named as Producer herein ("Producer"), and shall be effective as of the Effective Date set forth below.

The parties agree as follows: 1. IMG Capacity. The parties acknowledge that IMG acts as managing general underwriter and plan administrator for and on behalf of one or more insurance carriers ("its insurers") with respect to the placement and administration of various individual,

☐ Please check this box to indicate that you have read, understand and agree to the above terms and conditions of the IMG Producer Agreement. I agree to submit to IMG a copy of my current State Insurance License.

☒ Please check this box to allow IMG to send important information to the email address listed above regarding IMG and its products. If you would not like to receive email messages from IMG, then uncheck this box.

Note: Notifications of orders placed through IMG's online applications under your IMG Producer Number will be sent to the email address listed above, even if this box is not checked. If you become an IMG Affiliate, these confirmations will instead be sent to your affiliate email address. By requesting access to the IMG Producer Area, you agree to receive these email notifications.

Additional Comments

Signature *

Password *

Confirm Password *

Previous Next

■ When creating your password, please adhere to the password validation.

Password *

Password must contain eight (8) or more characters including one (1) uppercase, one (1) lowercase, and one (1) numeric. This password is used to gain access to the online Producer Area of the Imglobal site.



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- The last tab will display your IMG producer number. Please take note of this information.

Account	Place of Business	Producer Information	Confirmation
Producer Contracting			
Thank you for enrolling as an IMG producer.			
You have been assigned IMG PRODUCER NUMBER: 80002110			
Please record this number for all business submitted to IMG.			
Your online producer enrollment is now complete, and you have full access to our Producer Area. In order to process your commission payment for sales submitted, you will need to submit the following materials by mail or fax to IMG within the next 30 days:			
<ul style="list-style-type: none">▪ Copy of your State License			
Please Email, mail or fax to the attention of:			
Kim Rose Administrative Assistant Marketing Department International Medical Group 2960 North Meridian Street Indianapolis, IN 46208-4715 United States of America Telephone: 1.317.655.4500 Fax: 1.317.655.4505 Email: kim.rose@imglobal.com			

- Once the process is complete, IMG will send a confirmation email to the email address you provided. Please be sure to email, fax or mail to us a copy of your state health license.

Message: 80002110.pdf (64 KB)

From: DoNotReply@imglobal.com [mailto:DoNotReply@imglobal.com]
Sent: Monday, December 17, 2012 1:34 PM
To: shankar123@gmail.com
Subject: IMG Producer Contracting / U.S.

Thank you for enrolling as an IMG independent producer! Attached to this email you will find a copy of your completed selling agreement for your records. If you did not intend to enroll as an IMG producer, please send an email to producer@imglobal.com requesting removal of your information.

You have been assigned IMG PRODUCER NUMBER: 80002110

Please record this number for all business submitted to IMG and reference this number when you call for assistance. This number is used to identify the producer submitting business to IMG. It is very important that all applications contain this number for tracking and commission payment purposes. Also, **don't forget to send a copy of your Life and Health insurance license, if you haven't done that already.**

If you have any questions, please contact IMG at:
International Medical Group
2960 North Meridian Street
Indianapolis, IN 46208-4715 United States of America

Marketing Department: 1.866.368.3724
Direct: 1.800.628.4664
Direct: 1.317.655.4500
Fax: 1.317.655.4505
Email: producer@imglobal.com
Website: <http://www.imglobal.com>

This is an automated message. Please do not reply to this email because any such reply will not be read.

Additional comments you submitted while contracting:

At IMG, we are here for you and there with your clients, wherever their travels take them. If you have any questions, please feel free to contact us at **1.866.368.3724** or **insurance@imglobal.com**.